

**Application Data Sheet**

**Application Information**

<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	US National Stage Application
<b>Suggested classification::</b>	
<b>Suggested Group Art Unit::</b>	
<b>CD-ROM or CD-R?::</b>	None
<b>Computer Readable Form (CRF)?::</b>	No
<b>Title::</b>	NOVEL BACTERIUM FOR TREATMENT OF DISEASE
<b>Attorney Docket Number::</b>	082734-0113
<b>Request for Early Publication?::</b>	No
<b>Request for Non-Publication?::</b>	No
<b>Suggested Drawing Figure::</b>	N/A
<b>Total Drawing Sheets::</b>	N/A
<b>Small Entity?::</b>	Yes
<b>Petition included?::</b>	No
<b>Secrecy Order in Parent Appl.?::</b>	No

**Applicant Information**

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	US
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Robert E.
<b>Family Name::</b>	CLICK
<b>City of Residence::</b>	River Falls
<b>State or Province of</b>	Wisconsin
<b>Residence::</b>	
<b>Country of Residence::</b>	US

**Street of mailing address::** N8693 1250 Street  
**City of mailing address::** River Falls  
**State or Province of mailing address::** Wisconsin  
**Postal or Zip Code of mailing address::** 54022

**Correspondence Information**

**Correspondence Customer Number::** 23524  
**E-Mail address::** PTOMailMadison@foley.com

**Representative Information**

<b>Representative Customer Number::</b>	23524	
---	-------	--

**Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	National Stage of	PCT/US03/17540	6/3/2003
PCT/US03/17540	An application claiming the benefit under 35 USC 119(e)	60/385,232	6/3/2002

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### Assignee Information